GILLIAM (D.T.)

Some Recent Cases of Operation for Uterine Fibroids.

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I had it in mind before commencing this report to head it The Cæsarean Section for Soft Uterine Fibroids, but, finding that my recent experience in dealing with fibroids presented rather a varied complexion, I concluded to present them in the present form. Without reference to chronological order, I will commence this report with one of the most recent, both because of its intrinsic interest and the very formidable character of the operation made necessary by the variety and character of the complications:

Hysterectomy for Soft Uterine Fibroid.—Ella B., residence Lancaster, Ohio, unmarried, aged forty, dates her trouble from an injury received by being thrown from a carriage in Philadelphia during the Centennial Exposition in 1876. Through modesty she would not submit to an examination until about three years ago, when Dr. Goss, of Lancaster, found a large, soft fibroid occupying the uterus and filling the vagina. Of this he removed as much as possible, and the patient improved. Some time later Dr. G. W. Boerstler operated again with

marked benefit to the patient, after which she enjoyed a respite of considerable duration. About four months ago, the growth having attained its former dimensions, he operated the second time, making the third in all. These operations are described as having been very bloody, and it was found impossible to get the entire growth away, notwithstanding the use of the spoon saw and all modern appliances and methods. Of the skill of the operator I can vouch from personal knowledge. Since the last operation the tumor has grown rapidly, filling the vagina and distending the uterus. In desperation to get the entire growth away at all hazards short of life itself, prolonged and vigorous measures were used. This was followed by much peri-uterine inflammation, and she has been confined to her bed ever since, with constantly recurring chills and sweats and progressively declining health and strength. It became evident that unless soon relieved she must succumb, and I was called in council. Examination disclosed the vagina filled with a softish-cellular, friable mass about the size of the fœtal head. The uterus was about the size of the sixth month of pregnancy. On the left of the uterus and closely connected therewith was another mass somewhat less in size than the uterus itself and quite immovable. It was decided that nothing but hysterectomy offered any chance of relief, and this, in view of the complications and the greatly reduced condition of the patient, seemed like a forlorn hope. Besides, it was questionable whether enough room could be found on the left broad ligament to render the operation practicable. After a very candid statement to the patient setting forth the manifold difficulties and dangers of the operation, she was left to her own thoughts a few days. She determined upon the operation and was anxious for it. I confess that I hoped she might decide against it, for such cases are neither creditable to surgery nor the surgeon.

Still I think the patient has some rights that we are bound to respect, and where, as in this case, the result is inevitable and speedy death without interference, he is entitled to the chance, though a forlorn one, for his life.

On December 15th, at 11.30 A. M., at her home in Lancaster, Dr. Boerstler, the two Drs. Goss, Dr. Nourse, and Dr. E. M.

Gilliam being present and assisting, the operation was commenced by Dr. Boerstler attempting to remove as much as possible of the tumor *per vaginam* in order to clear the cervix for the subsequent steps of the operation. This, of course, was to be done with great expedition, as the long and hazardous intra-abdominal work necessitated economy in time and the curtailing of the period of etherization. This being accomplished quite satisfactorily, the vagina was packed with sponges to arrest hæmorrhage.

I now made a long abdominal incision and immediately came upon several depots of very fœtid purulent matter in the peritoneal cavity which extended from a little below the umbilicus to the pubis. This being cleared away, an exploration revealed universal adhesions. The incision was now carried above the umbilicus. The object being to deal with the mass to the left of the uterus first, the task of breaking up its adhesions was first commenced. It was firmly adherent to the omentum, the bowels, the abdominal and pelvic walls, and the bladder. The adhesions at the latter point were so firm and required so much force to effect separation as to excite fears at one time that I had torn into that viscus. The introduction of a sound, however, demonstrated our fears to be groundless. It being found impossible to strip off this layer in its entirety, it was tied off and cut. A number of others were dealt with in like manner. The mass proved to be cystic, and, at the last moment before being lifted out of the abdominal cavity, ruptured, inundating the cavity with pus. This was disposed of as quickly as possible, and work commenced on the uterus. This being freed and lifted out of the abdomen, an elastic ligature was thrown around the cervix as low down as possible. The cervix was very bulky, owing to the remaining portion of the intra-uterine growth, and, furthermore, it was found impossible to bring the ligated portion into the abdominal wound. Our only alternative was to make flaps and drop the pedicle. An incision for one of the flaps being made, the tumor protruded, and I was surprised and pleased to note with what ease it was drawn up through the cervix, despite the tight embrace of the rubber ligature. This gave us a much less bulky stump. Both flaps being

formed and the uterus removed, the cervix was transfixed with a stout linen thread (the silk not proving strong enough), the flaps were brought together by through-and-through deep sutures, and the edges by the whip stitch. Not a drop of blood escaped from the uterus. The lower portion of the omentum was now ligated and excised on account of injuries received in freeing it from adhesions. After thorough hot-water irrigation and the introduction of a drainage-tube the abdominal cavity was closed. Several times during the operation the patient's condition was critical in the extreme, and hypodermics of nitroglycerin were resorted to with good effect. It was also noticed that the hot irrigation had a salutary effect. Hot towels were used over and about the wound throughout the operation. She was now placed in a warm bed between blankets and surrounded with bottles of hot water. Brandy was also given hypodermically. The operation lasted an hour and thirty-five minutes. As the ether had been withdrawn in the last stages of the operation, it was not long until she regained consciousness. She suffered neither pain nor sickness of the stomach, but remained profoundly shocked. With occasional feeble attempts at reaction the vital energies gradually waned, and she died quietly on the evening of the second day.

The only comment I care to make on the case is that one of my formulated plans of operation was, after cleaning the abdominal cavity and breaking up adhesions, to incise the womb longitudinally, as in Cæsarean section, and through this opening remove the tumor. The entire feasibility of this plan became plainly manifest after the first flap was made. My excuse for not doing so in this case was the extremely critical condition of the patient, which did not justify any innovation of uncertain issue, though the time consumed were but the fraction of a minute. I would suggest, however—or, to use a stronger expression, advise—that in growths of like character, where an honest attempt at removal *per vaginam* had proved futile, this plan be adopted, as it undoubtedly gives promise of most beneficial re-

sults. Should exploration reveal the attachment of the hard variety elsewhere than at the anterior meridian, it might also work to advantage.

Submucous Fibroid.—J. L., widow, aged sixty-seven, menopause at forty-four. Eight years after, experienced severe uterine hæmorrhage, and at intervals ever since. Of late the hæmorrhages have been increasing in frequency and severity. On examination, found os dilated and submucous fibroid presenting. It was drawn down, and the pedicle thus formed severed with scissors. She recovered immediately.

Intramural Soft Fibroid growing toward the Cavity.—W. R. P., married, aged forty-three; residence, Licking County, Ohio. Has suffered much for years from pelvic pain, uterine hæmorrhages, and general systemic disturbance. Has the remains of peri-uterine inflammation, which, upon slight provocation, lights up into active form. She was operated on at her home. Under chloroform the cervix was rapidly dilated and the growth found to be attached by a broad base on the right side from the fundus to the internal os. This was more nearly an intramural than submucous growth, and, after incising the capsule, was with much difficulty wrenched from its bed and delivered. The volsella tearing out, strong pressure forceps were found more efficient. Very little hæmorrhage, but great prostration ensued, and she was very sick for several weeks.

Large, Hard Fibroid removed by Abdominal Section and Enucleation. — M. R., single, aged fifty; residence, Licking County, Ohio. Growth of long standing and patient rapidly failing. Operated at her home. Abdominal section revealed universal and strong adhesions. After partially freeing these, the growth was enucleated and the cavity closed by two lines of sutures. A superficial raw surface remaining, intestinal obstruction ensued, and the patient died on the seventh day. The tumor weighed eight pounds.

Subperitoneal Fibroid removed per Vaginam. — E. D., widow, aged thirty-eight; residence, Franklin County, Ohio. This was a case of subperitoneal fibroid which rested in Douglas's pouch, and, being very movable, an attempt was made to

remove it through an incision at the vaginal vault. It proved an exceedingly difficult undertaking both to deliver and to get at the pedicle, which was at the fundus. The tumor was of the size of a large Florida orange and very solid. Patient narrowly escaped peritonitis.

Tempting as such cases are, I shall never again attempt this method.